

Jeffrey Geller, MD, MPH
Professor of Psychiatry at the University of Massachusetts
Medical Director of the Worcester Recovery Center and Hospital
Staff Psychiatrist at the Carson Community Mental Health Center

Attachment 1 – Additional Questions for the Record

The Honorable Tim Murphy

1. As you have had time to reflect on your hearing testimony, do you have anything you wish to clarify or to elaborate relating to your testimony or in response to issues discussed at the hearing?

CLINIAL GUIDELINES FOR THE USE OF AOT (Assisted Outpatient Treatment)

1. The person must express an interest in living in the community.
2. The person must have previously failed to live safely in the community.
3. The person must have that degree of competency necessary to understand his/her AOT order.
4. The person must have the capacity to comply with the AOT order.
5. The treatments within the AOT order must have demonstrated efficacy when used by others like the person.
6. The AOT-ordered treatments must be such that they can be delivered by the outpatient mental health system, are sufficient for the person's needs, and are deemed necessary to sustain the person in the community.
7. The AOT-ordered treatments must be such that they can be monitored by staff in the outpatient mental health system.
8. The outpatient mental health system must be willing to deliver and enforce the AOT-ordered treatments.
9. The public sector inpatient system must support community agencies in their provision of AOT-ordered treatments.
10. The AOT order must be such that risk is mitigated if the person is complying with his/her AOT-ordered treatments.

Adapted from Geller Jeffrey L: Clinical guidelines for the use of involuntary outpatient treatment. Hospital and Community Psychiatry 41:749-755, 1990.

Attachment 2 – Member Requests for the Record

The Honorable Paul Tonko

2. Please provide the Committee with the American Psychiatric Association position statement that you referenced during the hearing.

Position Statement on Federal Exemption from the IMD Exclusion

Approved by the Board of Trustees, July 2007

Approved by the Assembly, November 2005

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

States should be offered the opportunity to receive a Federal exemption from the IMD Exclusion for State Hospitals and all Nonprofits over 16 beds, e.g., private hospitals, community residential programs, dual diagnosis residential treatment. To participate in the exemption a state must demonstrate a maintenance of effort (maintain its mental illness and substance abuse expenditures (excluding medication costs) from all sources, e.g., state's DMH, DPH, DMA, DMR, DOC, DSS, DYS, other) at a level no less than the state's average expenditure over the preceding five years.

http://www.psychiatry.org/File%20Library/Advocacy%20and%20Newsroom/Position%20Statements/ps2007_IMDexclusion.pdf